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<i>Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</i>		Complete if Known	
Fee Transmittal For FY 2008		Application Number	10/781,659-Conf. #5788
		Filing Date	February 20, 2004
		First Named Inventor	Kyogo ITOH
		Examiner Name	L. Yao
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Art Unit	1642
TOTAL AMOUNT OF PAYMENT		(\$) 460.00	Attorney Docket No.
0020-5224P			

METHOD OF PAYMENT (check all that apply)				
<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> None	<input type="checkbox"/> Other (please identify): _____
<input checked="" type="checkbox"/> Deposit Account		Deposit Account Number: 02-2448		Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)				
<input type="checkbox"/> Charge fee(s) indicated below		<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee		
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17		<input type="checkbox"/> Credit any overpayments		

FEE CALCULATION						
1. BASIC FILING, SEARCH, AND EXAMINATION FEES						
<u>Application Type</u>	<u>FILING FEES</u>		<u>SEARCH FEES</u>		<u>EXAMINATION FEES</u>	
	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>
Utility	310	155	510	255	210	105
Design	210	105	100	50	130	65
Plant	210	105	310	155	160	80
Reissue	310	155	510	255	620	310
Provisional	210	105	0	0	0	0
2. EXCESS CLAIM FEES						
<u>Fee Description</u>						
Each claim over 20 (including Reissues)						
Each independent claim over 3 (including Reissues)						
Multiple dependent claims						
<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>		
10	- 55 = 0	x 50.00	= 0.00	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	
HP = highest number of total claims paid for, if greater than 20.						
<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>			
3	- 3 = 0	x 210.00	= 0.00			
HP = highest number of independent claims paid for, if greater than 3.						
3. APPLICATION SIZE FEE						
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).						
<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>		
_____	- 100 = _____	/50 = _____ (round up to a whole number)	x _____	= _____		
4. OTHER FEE(S)						
Non-English Specification, \$130 fee (no small entity discount)						
Other (e.g., late filing surcharge): 1252 Extension for response within second month 460.00						

SUBMITTED BY					
Signature			Registration No. (Attorney/Agent)	36,623	Telephone (858) 356-5959
Name (Print/Type)	Mark J. Nuell		Date	March 10, 2008	